VERIFICATION OF CALIBRATION REPORT

FEB 0 1 2010

of DataMaster cdm Breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Super	visor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130187	
	Name Dan Pasquariello ID# 2620 Date 1-26-	10
A	Agency Dillingham Police Dept Phone # 842-535	4
	Instrument Location Dillingahm Police Department	
В	Alco S/N 78853 Target Value083	
	Alco Test Value Average 1st Alco 2nd Alco	
	Signature JM	COS .
		43/10
(OVER)		

(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

(1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.

(2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.

(3) I am the Scientific Director of the State Breath Alcohol Program.

(4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.

(5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

(6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J Bolz

Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this

(Notary Seal Stamp)

Carolyn M. Noland

Notary Public, State of Alaska Commission Expires with Office TOTAR DE LOS DE LA CONTROL DE

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N

130187

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C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY DATAMASTER cdm 130187

JANUARY 26, 2010

OPERATOR'S NAME:
PASQUARIELLO, DAN
OPERATOR'S NUMBER: 26620
SUBJECT'S LAST NAME:
UOC
SUBJECT'S FIRST NAME/MI:
UOC

O.L. #: 1234567890 DEPT/AGENCY: DLG1 CASE/REPORT: 1234567890 TEST TYPE: U ALCO TARGET UALUE: ,083

ALCO S/N: 78853

--- BREATH AMALYSIS

.083 ADJUSTED FOR 29.88 in ALCO TARGET .082 19:42 BLANK TEST .000 19:43 INTERNAL STANDARD **VERIFIED** 19:43 ALCO TV 29.88 in .082 19:43 BLANK TEST .000 19:44 SUBJECT SAMPLE .000 19:45 BLANK TEST CAS 13/10 ALCO TV 29.88 in 2/3/10 .000 19:46 .081 19:46 BLANK TEST 19:47

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130187

JANUARY 26, 2010 TIME 19:40

--- DIAGNOSTIC CHECK ---

COMPUTER:

OKAY

PROGRAM:

OKRY

SOFTWARE DATE:

02/20/01

HEATERS SAMPLE CHAMBER: BREATH TUBE:

48c 41c

BARONETER:

29.88 in

FLOW DETECTOR:

-

LOW DETECTOR

OKAY

PUMP

HIGH SPEED:

OKAY

DETECTOR:

OKAY

FILTERS:

OKAY

QUARTZ STANDARD:

OKAY

CALIERATION:

OKAY

PRINTER TEST

!"#\$%&^()*+,-./0123456789:;<=>?@ABCDEFG HIJKLMHOPGRSTUVWXYZ[\]^_'abcdefghijklmno pgrstuvwxyz{|}~#